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## OFFICE OF INFORMATION SERVICES

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### Request For New Employee Information Technology Services

Complete this form in order to initiate any of the following services

Email Access ☐ / Network Access ☐ / Phone Services ☐\*

Please print clearly

Employment Status:

☐ New Employee

☐ New Student

☐ Other:

Employee Name: (First 'w/Nickname' - Middle - Last)

Start Date:

Today's Date:

Division & Branch:

Bldg. Location:

Cubicle/Office

Section Name & Number:

**\*Contact your Division Coordinator for all phone services**

Phone Number:

Jack/SIO Number:

Contact Person: (Manager, Supervisor, or POC)

New Phone Line

Voice Mail

Yes

No

New

Reset

#### Equipment Barcode Numbers

PC:

Monitor:

Local Printer:

Other:

Please return the completed form to

**Office of Information Services (OIS)**

**Help Desk**

1001 I Street, Room 812, Sacramento, CA 95814

Fax number (916) 327-0640

For assistance filling out this form or any questions

Contact the Help Desk at [helpdesk@arb.ca.gov](mailto:helpdesk@arb.ca.gov) or (916) 445-8812

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Help Desk Use Only

HLP#	Added to PL
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